

AFP in Practice questions are designed to get you started in a small group learning (SGL) activity in your practice or with colleagues. Requirements to earn 40 Category 1 CPD points for a SGL activity are: minimum of four and a maximum of 10 people, minimum of 8 hours of discussion in a year, and at least two GPs. Groups may include anyone else who has an interest (ie. practice nurses, community health workers, allied health professionals). A kit with all the instructions and forms you need is available at www.racgp.org.au/afpinpractice.

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Learning objectives

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After completion of this activity participants will be able to:

- analyse approaches to raising and managing a sensitive issue
- suggest ways to manage prescribing conundrums
- describe the outcomes desired from a home medication review
- find patient information on a common condition
- apply a practice system to have up-to-date and accessible information.

Category 1 – SGL questions

Domain 1

Communication skills and the patient-doctor relationship

ICPC code: Z12

The article by Yee in this issue of *Australian Family Physician* considers the issue of aging and sexuality. It raises the point that there can be gender differences in sexuality and that patients would like their general practitioner to raise the issue during the consultation.

• Suggested learning activities:

Discuss what approaches you have found useful in raising the topic of sexuality with older patients. The group might want to role play some things they have found that worked well

Discuss how you approach an older couple with discordant levels of sexual interest between the partners. The group might want to role play some things they have found that worked well.

Domain 2 Applied professional knowledge and skills

ICPC codes: A99-50, P70

The article by Yates and Holbeach on prescribing in the elderly considers many issues, some of which may not be changeable (such as when the treatment goals for conditions the patient has do not overlap). They also raise the issue of under prescribing and polypharmacy. This all gets more complicated when the benefit to risk for an individual patient may not turn out to be clear until the medication is trialled.

• Suggested learning activities:

Discuss as a group how you consider prescribing when there are comorbidities. Do you find the system outlined the dominant medical condition, then concordant diseases, discordant diseases and then symptomatic versus asymptomatic conditions and preventive health helpful? Is it missing anything? Do you use other ways of making decisions?

When referring a patient with dementia for consideration of medication, do you provide any information on the potential risks and benefits? What do you understand them to be? If you are less than clear then see if you can find an independent source of information to inform you? Given what you know, discuss how you would make a decision about whether to trial the medication if you were the patient?

Domain 3 Population health and the context of general practice

ICPC code: A99-50

Home medication reviews may be a way of assisting patients and clinicians with medication issues.

• Suggested learning activity: discuss how you organise home medication reviews. It may be

possible to ask a pharmacist who provides reviews to your patients to come and discuss what they do in the reviews, and then exchange information about each health professional's expectations of the process.

Domain 4 Professional and ethical role

ICPC codes: P70, A99-50, A96

The article by Bloomer, Tan and Lee on end of life care and the article by Workman, Dickson and Green on dementia, both make the point about the importance of information and education.

 Suggested learning activity: discuss what resources you have found helpful for patients in both of these areas. If you do not have any, then search and see what you can find to provide in an information pack to give out to patients.

Domain 5 Organisational and legal dimensions

ICPC codes: A99-50, A96

While issues around end of life care wishes may be discussed with the GP, it may be that the practice receives a call from a hospital asking if it knows what a particular patient's wishes are, or who their next of kin might be.

Suggested learning activity: discuss if there
is a consistent pattern of how end of life
preferences are recorded in the patient records
and how other members of the practice would
be able to access them if needed. Then consider
next of kin – how often are these details
checked (both for the person and the contact
details)? Is there room for improvement?